



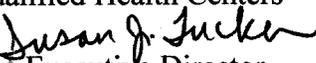
STATE OF MARYLAND

DHMHOffice of Health Services
Medical Care ProgramsMaryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – Nelson J. Sabatini, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL TRANSMITTAL NO. 37**

April 23, 2004

Oral Health Care Providers
Managed Care Organizations
Local Health Departments
Federally Qualified Health Centers
Maryland Qualified Health Centers**FROM:**

Susan Tucker, Executive Director
Office of Health Services
NOTE:

Please distribute copies of this transmittal to the appropriate staff within your organization, e.g., Billing Department.

Maryland Medicaid's New Dental Procedure Codes and Fee Schedule for Fee-For Service Providers and HIPAA Update

DENTAL PROCEDURE CODES AND FEE SCHEDULE

The Maryland Medicaid Program has amended the Dental Regulations (COMAR 10.09.05). Consistent with these regulations, providers must use the American Dental Association's (ADA) Current Dental Terminology, fourth edition (CDT-4) codes.

Attached is the Medicaid Dental Services Fee Manual which includes the CDT-4 dental procedure codes and maximum fee schedule. Providers must bill Medicaid their usual and customary charges to the general public. Medicaid pays the lower of the providers' charges or Medicaid's maximum fee.

In addition, effective for dates of services on and after March 1, 2004, Medicaid has increased fees significantly for the twelve restorative procedures listed in the table below. All other fees remain the same. Please note that Managed Care Organizations are required under COMAR 10.09.65.19D to reimburse their contracted providers at the increased rates for these twelve restorative codes.



Increased Fees for Restorative Procedures

CDT-4 Procedure Code	Description	Reimbursement Fee
D2140	Amalgam-1 surf	\$70
D2150	Amalgam-2 surf	\$88
D2160	Amalgam-3 surf	\$104
D2330	Resin-1 surf, ant	\$84
D2331	Resin-2 surf, ant	\$102
D2332	Resin-3 surf, ant	\$125
D2335	Resin-4 surf, incis angle	\$151
D2391	Resin-1 surf, post	\$93
D2392	Resin-2 surf, post	\$120
D2393	Resin-3 surf, post	\$150
D2930	Prefab SSC-primary	\$154
D2931	Prefab SSC-permanent	\$180

HIPAA UPDATE

The Health Insurance Portability and Accountability Act (HIPAA) mandates the standardization of Electronic Data Interchange formats for health care data transmission, including claims, remittance, eligibility, and claim status inquiries. For dental and orthodontic treatment services, HIPAA regulations replace the pre-HIPAA electronic billing system with electronic ANSI ASC X12N 837D Transactions, version 4010A. HIPAA also requires that we accept national standard codes, such as the American Dental Association Current Dental Terminology (CDT-4) codes.

Electronic Billing

- For dental and orthodontic treatment services we currently have the capacity to process the X12N 837D. We encourage you to complete testing for HIPAA compliance and use the X12N 837D. The Program offers free testing, which can be accessed at: <http://www.dhmf.state.md.us/hipaa/testinstruct.html>. Our 837 and 835 Companion Guides are available through the DHMF website at: <http://www.dhmf.state.md.us/hipaa/transandcodesets.html>.

Please continue to use the EVS system for verifying Medicaid recipient eligibility as the X12N 270/271 transaction for Eligibility Inquiry and Response is not yet available. We are working on the X12N 276/277, Claim Status Request and Response, but this is not yet available.

Trading Partner Agreement and Submitter Identification Form

- Pay-To Providers (Providers who receive a check directly from the State of Maryland): The Program must have both the Trading Partner Agreement and Submitter Identification Form

on file before accepting any HIPAA transactions including X12N 837D (Claims). These forms are available under “Medicaid Submitter Enrollment and Agreement” at: <http://www.dhmh.state.md.us/hipaa/transandcodesets.html>.

- *Rendering Providers* (Providers who do not receive a check from the State of Maryland, but instead receive payment through a group practice): The Program must have the Trading Partner Agreement on file before we accept any HIPAA transactions such as the X12N 270/271 (Eligibility Inquiry and Response).

Please mail the agreements to:

Rita Tate
201 W. Preston St. Rm. LL3
Baltimore MD 21201
Attn: HIPAA Billing Agreements

Paper Billing

Continue submitting paper claims on the DHMH Form 234. We are working on implementing the 2002 ADA Dental Claim Form and will notify you with billing instructions when this becomes effective.

Questions and concerns regarding this transmittal or oral health care services can be directed to the Medicaid Oral Health Program at (410) 767-1485. Thank you for your participation in Medicaid.

Attachment

COMAR 10.09.05

DENTAL SERVICES FEE MANUAL

REVISION 2003

MARYLAND MEDICAL ASSISTANCE PROGRAM

COMAR 10.09.05

DENTAL PROCEDURE CODES AND FEE SCHEDULE

TABLE OF CONTENTS

I. DIAGNOSTIC D0100-D0999 PAGE 1

- A. CLINICAL ORAL EVALUATIONS
- B. RADIOGRAPHS/DIAGNOSTIC IMAGING
- C. TESTS AND EXAMINATIONS
- D. ORAL PATHOLOGY LABORATORY

II. PREVENTIVE D1000-D1999 PAGE 1

- A. DENTAL PROPHYLAXIS
- B. TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)
- C. OTHER PREVENTIVE SERVICES
- D. SPACE MAINTENANCE (PASSIVE APPLIANCES)

III. RESTORATIVE D2000-D2999 PAGE 2

- A. AMALGAM RESTORATIONS (INCLUDING POLISHING)
- B. RESIN-BASED COMPOSITE RESTORATIONS - DIRECT
- C. GOLD FOIL RESTORATIONS
- D. INLAY/ONLAY RESTORATIONS
- E. CROWNS-SINGLE RESTORATIONS ONLY
- F. OTHER RESTORATIVE SERVICES

IV. ENDODONTICS D3000-D3999 PAGE 3

- A. PULP CAPPING
- B. PULPOTOMY
- C. ENDODONTIC THERAPY ON PRIMARY TEETH
- D. ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE)
- E. ENDODONTIC RETREATMENT
- F. APEXIFICATION/RECALCIFICATION PROCEDURES
- G. APICOECTOMY/PERIRADICULAR SERVICES
OTHER ENDODONTIC PROCEDURES

V.	PERIODONTICS D4000-D4999	PAGE 4
	A. SURGICAL SERVICES	
	B. NON-SURGICAL PERIODONTAL SERVICE	
	C. OTHER PERIODONTAL SERVICES	
	PROSTHODONTICS (REMOVABLE) D5000-D5899	PAGE 5
	A. COMPLETE DENTURES	
	B. PARTIAL DENTURES	
	C. ADJUSTMENTS TO DENTURES	
	D. REPAIRS TO COMPLETE DENTURES	
	E. REPAIRS TO PARTIAL DENTURES	
	F. DENTURE REBASE PROCEDURES	
	G. DENTURE RELINE PROCEDURES	
	H. INTERIM PROSTHESIS	
	OTHER REMOVABLE PROSTHETIC SERVICES	
	MAXILLOFACIAL PROSTHETICS D5900-D5999	PAGE 6
	IMPLANT SERVICES D6000-D6199	PAGE 6
	A. ENDOSTEAL	
	B. EPOSTEAL	
	C. TRANSTEAL	
	D. IMPLANT SUPPORTED PROSTHESIS	
	E. OTHER IMPLANT SERVICES	
IX.	PROSTHODONTICS, FIXED D6200-D6999	PAGE 7
	A. FIXED PARTIAL DENTURE PONTICS	
	B. FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS	
	C. FIXED PARTIAL DENTURE RETAINERS – CROWNS	
	D. OTHER FIXED PARTIAL DENTURE SERVICES	
X.	ORAL AND MAXILLOFACIAL SURGERY D7000-D7999	PAGE 8
	A. EXTRACTIONS	
	B. SURGICAL EXTRACTIONS	
	C. OTHER SURGICAL PROCEDURES	
	D. ALVEOLOPLASTY – SURGICAL PREPARATION	
	E. VESTIBULOPLASTY	
	F. SURGICAL EXCISION OF SOFT TISSUE LESIONS	
	G. SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS	
	H. EXCISION OF BONE TISSUE	
	I. SURGICAL INCISION	

ORAL SURGERY (CONTINUED)

- J. TREATMENT OF FRACTURES - SIMPLE
- K. TREATMENT OF FRACTURES – COMPOUND
- L. REDUCTION FO DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS
- M. REPAIR OF TRAUMATIC WOUNDS
- N. COMPLICATED SUTURING
- O. OTHER REPAIR PROCEDURES

XI. ORTHODONTICS D8000-D8999 PAGE 11

- A. LIMITED ORTHODONTIC TREATMENT
- B. INTERCEPTIVE ORTHODONTIC TREATMENT
- C. COMPREHENSIVE ORTHODONTIC TREATMENT
- D. MINOR TREATMENT TO CONTROL HARMFUL HABITS
- E. OTHER ORTHODONTIC SERVICES

XII. ADJUNCTIVE GENERAL SERVICES D9000-D9999 PAGE 11

- A. UNCLASSIFIED TREATMENT
- B. ANESTHESIA
- C. PROFESSIONAL CONSULTATION
- D. PROFESSIONAL VISITS
- E. DRUGS
- F. MISCELLANEOUS SERVICES

MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE

CDT-4 Procedure and Fee Schedule			
CODE	BRIEF DESCRIPTION	MAX FEE	
D0100-D0999 DIAGNOSTIC			
CLINICAL ORAL EVALUATIONS			
D0120	PERIODIC ORAL EXAMINATION	15	
D0140	LIMITED ORAL EXAMINATION-PROBLEM FOCUSED	BR	
D0150	COMPREHENSIVE ORAL EXAMINATION	20 BR	
D0160	DETAILED AND EXTENSIVE ORAL EVAL-PROB-FOCUSED (Entails extensive diagnostic and cognitive modalities)	BR	
D0170	RE-EVALUATION-LIMITED PROBLEM FOCUSED	0	
D0180	COMPREHENSIVE PERIODONTAL EVALUATION-NEW OR ESTABLISHED PATIENT	BR	N/R
RADIOGRAPHS/DIAGNOSTIC IMAGING (INCLUDING INTERPRETATION)			
NOTE:	A complete series of radiographs shall not be taken more frequently than once every three (3) years. Complete series could include 14 to 18 intraoral film or a panorex plus bitewings.		
D0210	X-RAY INTRAORAL COMPLETE SERIES INCLUDING BITEWINGS	57	
D0220	X-RAY INTRAORAL PERIAPICAL, SINGLE FIRST FILM	9	
D0230	X-RAY INTRAORAL PERIAPICAL EACH ADDITIONAL FILM	6	
D0240	X-RAY INTRAORAL OCCLUSAL FILM	9	
D0250	X-RAY EXTRAORAL FIRST FILM	24	
D0260	X-RAY EXTRAORAL EACH ADDITIONAL FILM	18	
D0270	X-RAY BITEWING SINGLE FILM	9	
D0272	X-RAY BITEWINGS TWO FILMS	15	
D0274	X-RAY BITEWINGS FOUR FILMS	22	
D0277	VERTICAL BITEWINGS SEVEN TO EIGHT FILMS	0	
D0290	X-RAY POSTERIOR-ANTERIOR OR LATERAL SKULL FACIAL BONE SURVEY FILM	32	
D0310	X-RAY SIALOGRAPHY	57	
D0320	TM JOINT ARTHROGRAM, INCLUDING INJECTION	96	
D0321	X-RAY OTHER TEMPOROMANDIBULAR JOINT FILM	30	
D0322	TOMOGRAPHIC SURVEY	BR	
D0330	X-RAY PANORAMIC MAXILLA/MANDIBLE FILM	42	
D0340	X-RAY CEPHALOMETRIC FILM	42	
D0350	ORAL FACIAL IMAGES	0	
TESTS AND EXAMINATIONS			
D0415	BACTERIOLOGIC STUDIES FOR DETERMINATION OF PATHOLOGIC AGENTS	BR	
D0425	CARIES SUSCEPTIBILITY TESTS	0	
D0460	PULP VITALITY TEST	10	
D0470	DIAGNOSTIC CASTS	0	
ORAL PATHOLOGY LABORATORY			
D0472	ACCESS OF TISSUE, GROSS EXAM, PREP & TRANSMISSION	0	
D0473	ACCESS OF TISSUE, GROSS EXAM, & MICRO EXAM	0	
D0474	ACCESS OF TISSUE, INCLUDING ASSESSMENT	0	
D0480	PROCESSING & INTERPRETATION OF CYTOLOGIC	0	
D0502	OTHER ORAL PATHOLOGY PROCEDURES	BR	
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE BR	BR	
D1000-D1999 PREVENTIVE			
DENTAL PROPHYLAXIS			
D1110	PROPHYLAXIS ADULT - AGES 14 - 20	36	
D1120	PROPHYLAXIS CHILD - THROUGH AGE 13	24	
TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)			
D1201	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS) - CHILD - THROUGH AGE 13	35	
D1203	TOPICAL APPLICATION OF FLUORIDE (EXCLUDING PROPHYLAXIS) - CHILD - THROUGH AGE 13	14	
D1204	TOPICAL APPLICATION OF FLUORIDE (EXCLUDING PROPHY) - ADULT - AGES 14 - 20	14	
D1205	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS) - ADULT - AGES 14 - 20	50	

BR- BY REPORT
 NCSP- NOT COVERED AS A SEPARATE PROCEDURE
 PA- PREAUTH. REQUIRED
 CPT- CURRENT PROCEDURAL TERMINOLOGY, MOST RECENT FEE
 0- NOT COVERED
 N/R- NEW REPLACED CODE
 *- INCREASED FEE

**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE**

CODE	BRIEF DESCRIPTION	MAX FEE		
OTHER PREVENTIVE SERVICES				
D1310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE	0		
D1320	TOBACCO COUNSELING	0		
D1330	ORAL HYGIENE INSTRUCTION	0		
D1351	SEALANTS, PER TOOTH (Covered only for the occlusal surfaces of posterior permanent teeth without restorations or decay)	9		
SPACE MAINTENANCE (PASSIVE APPLIANCES)				
D1510	SPACE MAINTAINER-FIXED-UNILATERAL	84		
D1515	SPACE MAINTAINER-FIXED-BILATERAL	144		
D1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	64		
D1525	SPACE MAINTAINER-REMOVABLE-BILATERAL	96		
D1550	RECEMENTATION OF SPACE MAINTAINER	24		
D2000-D2999 RESTORATIVE				
AMALGAM RESTORATIONS (INCLUDING POLISHING)				
D2140	AMALGAM 1 SURFACE, PRIMARY OR PERMANENT	70	*	
D2150	AMALGAM 2 SURFACES, PRIMARY OR PERMANENT	88	*	
D2160	AMALGAM 3 SURFACES, PRIMARY OR PERMANENT	104	*	
D2161	AMALGAM 4 OR MORE SURFACES, PRIMARY OR PERMANENT	58		
RESIN-BASED COMPOSITE RESTORATIONS-DIRECT				
D2330	RESIN-BASED COMPOSITE - 1 SURFACE, ANTERIOR	84	*	
D2331	RESIN-BASED COMPOSITE - 2 SURFACES, ANTERIOR	102	*	
	RESIN-BASED COMPOSITE - 3 SURFACES, ANTERIOR	125	*	
D2335	RESIN-BASED COMPOSITE - 4 OR MORE SURFACES OR INVOLVING INCISAL ANTERIOR	151	*	
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	75	N/R	
D2391	RESIN-BASED COMPOSITE- ONE SURFACE POSTERIOR	93	N/R	*
D2392	RESIN-BASED COMPOSITE- TWO SURFACES, POSTERIOR	120	N/R	*
D2393	RESIN-BASED COMPOSITE- THREE SURFACES, POSTERIOR	150	N/R	*
D2394	RESIN-BASED COMPOSITE- FOUR OR MORE SURFACES, POSTERIOR	56	N/R	
GOLD FOIL RESTORATIONS				
D2410	GOLD FOIL - ONE SURFACE	0		
D2420	GOLD FOIL -TWO SURFACES	0		
D2430	GOLD FOIL-THREE SURFACES	0		
INLAY/ONLY RESTORATIONS				
D2510	INLAY METALLIC - ONE SURFACE	0		
D2520	INLAY METALLIC - TWO SURFACES	0		
D2530	INLAY METALLIC - THREE SURFACES	0		
D2542	ONLAY - METALLIC TWO SURFACES	0		
	ONLAY - METALLIC - THREE SURFACES	0		
D2544	ONLAY - METALLIC - 4 OR MORE SURFACES	0		
D2610	INLAY PORCELAIN/CERAMIC - 1 SURFACE	0		
D2620	INLAY PORCELAIN/CERAMIC - 2 SURFACES	0		
	INLAY PORCELAIN/CERAMIC - 3 OR MORE SURFACES	0		
D2642	ONLAY PORCELAIN/CERAMIC - 2 SURFACES	0		
D2643	ONLAY PORCELAIN/CERAMIC - 3 SURFACES	0		
D2644	ONLAY PORCELAIN/CERAMIC - 4 OR MORE SURFACES	0		
D2650	INLAY COMPOSITE/RESIN - 1 SURFACE (LAB)	0		
D2651	INLAY COMPOSITE/RESIN 2 SURFACES (LAB)	0		
D2652	INLAY COMPOSITE/RESIN - 3/MORE SURFACES (LAB)	0		
D2662	ONLAY COMPOSITE/RESIN - 2 SURFACES (LAB)	0		
D2663	ONLAY COMPOSITE/RESIN 3 SURFACES (LAB)	0		
D2664	ONLAY COMPOSITE/RESIN - 4/MORE SURFACES (LAB)	0		
CROWNS-SINGLE RESTORATIONS ONLY				
D2710	RESIN (LABORATORY)	0		
D2720	RESIN W/HIGH NOBLE METAL	0		
D2721	RESIN WITH PREDOMINATELY BASE METAL	300	PA	
D2722	RESIN WITH NOBLE METAL	0		
D2740	PORCELAIN/CERAMIC SUBSTRATE	0		
D2750	PORCELAIN FUSED TO HIGH NOBLE METAL	0		
D2751	PORCELAIN FUSED TO PREDOMINATELY BASE METAL	375	PA	

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MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE

CODE	BRIEF DESCRIPTION	MAX FEE		
D2752	PORCELAIN FUSED TO NOBLE METAL	0		
D2780	CROWN 3/4 CAST HIGH NOBLE METAL	0		
D2781	CROWN 3/4 CAST PREDOMINANT BASE METAL	0		
D2782	CROWN 3/4 CAST NOBLE METAL	0		
D2783	CROWN 3/4 PORCELAIN/CERAMIC	0		
D2790	FULL CAST HIGH NOBLE METAL	0		
D2791	FULL CAST PREDOMINANTLY BASE METAL	292	PA	
D2792	FULL CAST NOBLE METAL	0		
D2799	PROVISIONAL CROWN	0		
OTHER RESTORATIVE SERVICES				
D2910	RECEMENT INLAYS	25		
D2920	RECEMENT CROWNS	25		
D2930	PREFAB STAINLESS STEEL CROWN - PRIMARY TOOTH	154	*	
D2931	PREFAB STAINLESS STEEL CROWN - PERMANENT TOOTH	180	*	
D2932	PREFABRICATED RESIN CROWN	75		
D2933	PREFAB STAINLESS STEEL CROWN WITH RESIN WINDOW	81		
D2940	FILLINGS (SEDATIVE)	18		
	CORE BUILDUP (INCLUDES PINS)	81		
D2951	PIN RETENTION-PER TOOTH, IN ADD. TO RESTORATION	12		
D2952	CAST POST AND CORE IN ADDITION TO CROWN	96		
D2953	EACH ADDITIONAL CAST POST SAME TOOTH	0		
D2954	PREFAB POST AND CORE IN ADDITION TO CROWN	70		
D2955	POST REMOVAL (NOT IN CONJUNCTION W/ENDO.THERAPY)	BR		
D2957	EACH ADDITIONAL PREFABRICATED POST-SAME TOOTH	0		
D2960	LABIAL VENEER (LAMINATE) - BONDING	81		
D2961	LABIAL VENEER (RESIN LAMINATE) - LAB	81		
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LAB	108		
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	48		
D2980	CROWN REPAIR	BR		
D2999	UNSPECIFIED RESTORATIVE PROCEDURE	BR		
D3000-D3999 ENDODONTICS				
PULP CAPPING				
D3110	PULP CAP DIRECT	15		
		15		
	Y			
D3220	PULPOTOMY	60		
D3221	GROSS PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH (gross pulpal debridement for the relief of acute pain prior to conventional root canal therapy) (not to be used by provider completing endodontic treatment)	0		
ENDODONTIC THERAPY ON PRIMARY TEETH				
D3230	PULPAL THERAPY - ANTERIOR-PRIMARY TOOTH	96	PA	
	PULPAL THERAPY - POSTERIOR-PRIMARY TOOTH	115	PA	
ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE)				
NOTE:	REIMBURSEMENT FOR ROOT CANAL THERAPY INCLUDES ALL DIAGNOSTIC TESTS, PREOPERATIVE AND POSTOPERATIVE RADIOGRAPHS, PREOPERATIVE AND POSTOPERATIVE TREATMENTS, PULPOTOMY AND PULPECTOMY.			
D3310	ENDODONTICS 1 CANAL	230	PA	
D3320	ENDODONTICS 2 CANALS	280	PA	
D3330	ENDODONTICS 3 CANALS	325	PA	
D3331	TREATMENT OF ROOT CANAL OBSTR NON-SURG	0		
D3332	INCOMPLETE ENDOTHERAPY; INOPER/FRAC TEETH	0		
D3333	INTERNAL ROOT REPAIR OF PERF DEFECTS	0		
ENDODONTIC RETREATMENT				
*D3346	RETREATMENT OF PRIOR ROOT CANAL- ANTERIOR	230	PA	
*D3347	RETREATMENT OF PRIOR ROOT CANAL - BICUSPID	280	PA	
*D3348	RETREATMENT OF PRIOR ROOT CANAL- MOLAR	325	PA	
	*Not covered when service is provided by same provider or associate within 2 years			

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CODE	BRIEF DESCRIPTION	MAX FEE	
APEXIFICATION/RECALCIFICATION PROCEDURES			
D3351	APEXIFICATION/RECALCIFICATION INITIAL VISIT	108	
D3352	APEXIFICATION/RECALCIFICATION INTERIM MEDS	67	
D3353	APEXIFICATION/RECALCIFICATION FINAL VISIT	67	
APICOECTOMY/PERIRADICULAR SERVICES			
D3410	SURGERY - ANTERIOR	108	PA
D3421	SURGERY - BICUSPID	118	PA
D3422	SURGERY - MOLAR	128	PA
		61	PA
		24	PA
D3450	ROOT AMPUTATION PER ROOT	61	PA
D3460	ENDODONTIC ENDOSSEOUS IMPLANTS	0	
D3470	INTENTIONAL REIMPLANTATION (INCLUDES SPLINTING)	BR	
OTHER ENDODONTIC PROCEDURES			
D3910	SURG PROCEDURE FOR ISOLATING TOOTH RUB DAM	BR	
D3920	HEMISECTION (INCLUDES ROOT REMOVAL)	27	
D3950	CANAL PREP & FITTING OF PREFORMED DOWEL OR POST	0	
D3999	UNSPECIFIED ENDODONTIC PROCEDURE	BR	
D4000-D4999 PERIODONTICS			
SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)			
D4210	GINGIVECTOMY OR GINGIVOPLASTY (PER QUADRANT)	108	PA
D4211	GINGIVECTOMY OR GINGIVOPLASTY - PER TOOTH	25	
D4240	GINGIVAL FLAP PROCEDURE- (Including Root Planing, per Quadrant)	63	PA
D4241	GINGIVAL FLAP PROCEDURE- (Including Root Planing, two to three teeth, per quadrant)	BR	N/R
D4245	APICALLY POSITIONED FLAP -(procedure is used to preserve keratinized gingiva in conjunction with osseous resection and second stage implant procedure. Procedure may also be used to preserve keratinized/attached gingiva during surgical exposure of labially impacted teeth, and may be used during treatment of peri-implantitis.)	0	
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	BR	
D4260	OSSEOUS SURGERY PER QUADRANT	108	PA
D4261	OSSEOUS SURGERY (including flap entry and closure) one to three teeth per quadrant	BR	N/R
D4263	BONE REPLACEMENT GRAFT 1ST SITE IN QUAD	BR	
D4264	BONE REPLACEMENT GRAFT EACH ADD'L SITE IN QUAD	BR	
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	0	N/R
D4266	GUIDED TISSUE REGENERATION-RESORBABLE, PER TOOTH	BR	
D4267	GUIDED TISSUE REGENERATION - NON-RESORBABLE	BR	
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH-(this procedure is to refine the results of a previously provided surgical procedure. This may require a surgical procedure to modify the irregular contours of hard or soft tissue. A mucoperiosteal flap may be elevated to allow access to reshape alveolar bone. The flaps are replaced or repositioned and sutured.)	0	
D4270	PEDICLE SOFT TISSUE GRAFTS	BR	
D4271	FREE SOFT TISSUE GRAFTS (INCLUDING DONOR SITE)	BR	
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT (INCLUDES DONOR SITE)	BR	
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	BR	
D4275	SOFT TISSUE ALLOGRAFT	0	N/R
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT	0	N/R
NON-SURGICAL PERIODONTAL SERVICE			
D4320	PROVISIONAL SPLINT - INTRACORONAL	BR	
D4321	PROVISIONAL SPLINT - EXTRACORONAL	BR	
D4341	PERIODONTAL SCALING & ROOT PLANING- FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT	54	PA
D4342	PERIODONTAL SCALING & ROOT PLANING- ONE TO THREE TEETH, PER QUAD	BR	N/R
D4355	FULL MOUTH DEBRIDEMENT	BR	
D4381	LOCALIZED CHEMOTHERAPEUTIC AGENT CONTROLLED RELEASE	BR	
OTHER PERIODONTAL SERVICES			
D4910	PERIODONTAL MAINTENANCE PROCEDURES- (Following therapy only)	0	
D4920	UNSCHEDULED DRESSING CHANGE BY ANOTHER DENTIST	24	
D4999	UNSPECIFIED PERIODONTAL PROCEDURE	BR	

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 *- INCREASED FEE

MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE

CODE	BRIEF DESCRIPTION	MAX FEE		
D5000-D5899 PROSTHODONTICS (REMOVABLE)				
COMPLETE DENTURES (INCLUDES ROUTINE POST-DELIVERY CARE)				
D5110	COMPLETE MAXILLARY	375	PA	
D5120	COMPLETE MANDIBULAR	375	PA	
D5130	IMMEDIATE MAXILLARY	0		
D5140	IMMEDIATE MANDIBULAR	0		
PARTIAL DENTURES (incl.routine post-delivery care) (3 or more teeth excluding third molars) (includes conventional clasps, rests, and teeth)				
D5211	MAXILLARY - RESIN BASE	225	PA	
D5212	MANDIBULAR - RESIN BASE	225	PA	
D5213	MAXILLARY - CAST METAL W/RESIN BASE	0		
D5214	MANDIBULAR - CAST METAL W/RESIN BASE	0		
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE 1 PIECE CHROME CASTING, CLASP ATTACHMENTS, PER UNIT INCL PONTICS	0		
ADJUSTMENTS TO DENTURES				
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	20		
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	20		
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	20		
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	20		
REPAIRS TO COMPLETE DENTURES				
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	40		
D5520	REPLACE MISSING OR BROKEN TEETH (Each tooth)	20		
REPAIRS TO PARTIAL DENTURES				
D5610	REPAIR RESIN DENTURE BASE	63(per denture)		
D5620	REPAIR CAST FRAMEWORK	BR		
D5630		63	PA	
D5640	REPLACE BROKEN TO	20		
D5650	ADD TOOTH TO EXIST	57	PA	
		65	PA	
		0	N/R	
			N/R	
NOTE:				
DENTURE PLACEMENT AND IS NOT REIMBURSABLE. CANNOT BE PROVIDED MORE FREQUENTLY THAN ONCE EVERY TWO (2) YEARS ONCE THIS PROCEDURE IS RENDERED.				
D5710	COMPLETE MAXILLARY DENTURE (LAB)	BR	PA	
D5711	COMPLETE MANDIBULAR DENTURE (LAB)	BR	PA	
D5720	MAXILLARY PARTIAL DENTURE (LAB)	BR	PA	
D5721	MANDIBULAR PARTIAL DENTURE (LAB)	BR	PA	
DENTURE RELINE PROCEDURES				
D5730	COMPLETE MAXILLARY DENTURE (CHAIR)	0		
D5731	COMPLETE MANDIBULAR DENTURE (CHAIR)	0		
D5740	MAXILLARY PARTIAL DENTURE (CHAIR)	53	PA	
D5741	MANDIBULAR PARTIAL DENTURE (CHAIR)	53	PA	
D5750	COMPLETE MAXILLARY DENTURE (LAB)	150	PA	
D5751	COMPLETE MANDIBULAR DENTURE (LAB)	150	PA	
D5760	MAXILLARY PARTIAL DENTURE (LAB)	150	PA	
D5761	MANDIBULAR PARTIAL DENTURE (LAB)	BR	PA	
INTERIM PROSTHESIS				
D5810	INTERIM COMPLETE DENTURE-MAXILLARY	0		
D5811	INTERIM COMPLETE DENTURE-MANDIBULAR	0		
D5820	INTERIM PARTIAL DENTURE-MAXILLARY	0		
D5821	INTERIM PARTIAL DENTURE-MANDIBULAR	0		
OTHER REMOVABLE PROSTHETIC SERVICES				
D5850	TISSUE CONDITIONING MAXILLARY (denture)	24		
D5851	TISSUE CONDITIONING MANDIBULAR (denture)	24		
D5860	OVERDENTURE - COMPLETE, BY REPORT	BR	PA	

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D5861	OVERDENTURE - PARTIAL, BY REPORT	BR	PA	
D5862	PRECISION ATTACHMENT, BY REPORT	BR		
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT)	0		
D5875	MODIFICATION-REMOVABLE PROS AFTER SURGERY	0		
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE	BR		
D5900-D5999 MAXILLOFACIAL PROSTHETICS				
D5911	MOULAGE (SECTIONAL)	BR		
D5912	MOULAGE (COMPLETE)	BR		
D5913	PROSTHESIS (NASAL)	BR		
D5914	PROSTHESIS (AURICULAR)	BR		
D5915	PROSTHESIS (ORBITAL)	BR		
D5916	PROSTHESIS (OCULAR)	BR		
D5919	PROSTHESIS (FACIAL)	BR		
D5922	PROSTHESIS (NASAL, SEPTAL)	BR		
D5923	PROSTHESIS (OCULAR-INTERIM)	BR		
D5924	PROSTHESIS (CRANIAL)	BR		
D5925	PROSTHESIS (FACIAL AUG. IMPLANT)	BR		
D5926	PROSTHESIS (NASAL, REPLACEMENT)	BR		
D5927	PROSTHESIS (AURICULAR, REPLACEMENT)	BR		
D5928	PROSTHESIS (ORBITAL, REPLACEMENT)	BR		
D5929	PROSTHESIS (FACIAL, REPLACEMENT)	BR		
D5931	PROSTHESIS (OBTURATOR, SURGICAL)	BR		
D5932	PROSTHESIS (OBTURATOR, DEFINITIVE)	BR		
D5933	PROSTHESIS (OBTURATOR, MODIFICATION)	BR		
D5934	PROSTHESIS (MANDIBULAR RESECTION W/GUIDE FLANGE)	BR		
D5935	PROSTHESIS (MANDIBULAR RESECTION NO GUIDE FLANGE)	BR		
D5936	PROSTHESIS (OBTURATOR, INTERIM)	BR		
D5937	APPLIANCE (TRISMUS-NO TMD TRTMT)	BR		
D5951	PROSTHESIS (FEEDING AID)	BR		
D5952	PROSTHESIS (PEDIATRIC SPEECH APPLIANCE)	BR		
D5953	PROSTHESIS (ADULT SPEECH APPLIANCE)	BR		
D5954	PROSTHESIS (PALATAL AUGMENTATION)	BR		
D5955	PROSTHESIS (PALATAL LIFT, DEFINITIVE)	BR		
D5958	PALATAL LIFT PROSTHESIS, INTERIM	BR		
D5959	PROSTHESIS (PALATAL LIFT, MODIFICATION)	BR		
D5960	PROSTHESIS (SPEECH APPLIANCE-MODIFICATION)	BR		
D5982	STENT (SURGICAL)	BR		
D5983	RADIATION CARRIER	BR		
D5984	RADIATION SHIELD	BR		
D5985	RADIATION CONE LOCATOR	BR		
D5986	FLUORIDE GEL CARRIER (Neoplasm or Tumor- Related Only)	BR		
D5987	COMMISSURE SPLINT	BR		
D5988	SPLINT (SURGICAL)	BR		
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS	BR		
D6000-D6199 IMPLANT SERVICES				
		BR		
		BR		
		BR		
TRANSOSTEAL				
D6050	TRANSOSTEAL IMPLANT, SURGICAL PLACEMENT	BR		
IMPLANT SUPPORTED PROSTHETICS				
D6053	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH	0	N/R	
D6054	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH	0	N/R	
D6055	IMPLANT CONNECTING BAR	BR		
D6056	PREFABRICATED ABUTMENT	0		

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CODE	BRIEF DESCRIPTION	MAX FEE	
D6057	CUSTOM ABUTMENT	0	
D6058	ABUTMENT PORCELAIN/CERAMIC CROWN	0	
D6059	ABUTMENT PORCELAIN FUSED CROWN (HIGH)	0	
D6060	ABUTMENT PORCELAIN FUSED CROWN (BASE)	0	
D6061	ABUTMENT PORCELAIN FUSED CROWN (NOBLE)	0	
D6062	ABUTMENT PORCELAIN FUSED CROWN (NOBLE)	0	
D6063	ABUTMENT PORCELAIN FUSED CROWN (NOBLE)	0	
D6064	ABUTMENT PORCELAIN FUSED CROWN (NOBLE)	0	
D6065	IMPLANT PORCELAIN/CERAMIC CROWN	0	
D6066	IMPLANT PORCELAIN FUSED CROWN (TITANIUM)	0	
D6067	IMPLANT METAL CROWN (TITANIUM)	0	
D6068	ABUTMENT RETAINER - CERAMIC/PORCELAIN FPD	0	
D6069	ABUTMENT RETAINER - PORCELAIN FUSED FPD (HIGH)	0	
D6070	ABUTMENT RETAINER - PORCELAIN FUSED FPD (BASE)	0	
D6071	ABUTMENT RETAINER - PORCELAIN FUSED FPD (NOBLE)	0	
D6072	ABUTMENT RETAINER - CAST METAL FPD (HIGH)	0	
D6073	ABUTMENT RETAINER - CAST METAL FPD (BASE)	0	
D6074	ABUTMENT RETAINER - CAST METAL FPD (NOBLE)	0	
D6075	IMPLANT RETAINER FOR CERAMIC FPD	0	
D6076	IMPLANT RETAINER - PORCELAIN FPD (TITANIUM/HIGH)	0	
D6077	IMPLANT RETAINER - CAST FPD (TITANIUM/HIGH)	0	
D6078		0	
D6079	IMPLANT/ABUTMENT FIXED FOR PARTIAL-EDENT ARCH	0	
OTHER IMPLANT SERVICES			
D6080	IMPLANT MAINTENANCE	BR	
D6090	IMPLANT REPAIR (PROSTHESIS)	BR	
D6095	IMPLANT REPAIR (ABUTMENT)	BR	
D6100	IMPLANT REMOVAL	BR	
D6199	UNSPECIFIED IMPLANT PROCEDURE	BR	
9 PROSTHODONTICS, FIXED			
FIXED PARTIAL DENTURE PONTICS			
D6210	HIGH NOBLE METAL CAST	0	
D6211	PREDOMINANTLY BASE METAL CAST	0	
D6212	NOBLE METAL CAST	0	
D6240	PORCELAIN FUSED TO HIGH NOBLE METAL	0	
D6241	PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	0	
D6242	PORCELAIN FUSED TO NOBLE METAL	0	
		0	
		0	
D6251	RESIN WITH PREDOMINANTLY BASE METAL	0	
D6252	RESIN WITH NOBLE METAL	0	
D6253		0	N/R
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS			
D6545	RETAINER CAST METAL FOR RESIN BONDED	0	
D6548	RETAINER-PORCELAIN/CERAMIC FIXED PROSTHESIS		
D6600	INLAY-PORCELAIN/CERAMIC, TWO SURFACES	0	N/R
D6601	INLAY-PORCELAIN/CERAMIC, THREE OR MORE SURFACES	0	N/R
D6602	INLAY-CAST HIGH NOBLE METAL, TWO SURFACES	0	N/R
D6603	INLAY-CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	0	N/R
D6604	INLAY-CAST PREDOMINANTLY BASE METAL, TWO SURFACES	0	N/R
D6605	INLAY-CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	0	N/R
D6606	INLAY-CAST NOBLE METAL, TWO SURFACES	0	N/R
D6607	INLAY-CAST NOBLE METAL, THREE OR MORE SURFACES	0	N/R
D6608	ONLAY-PORCELAIN/CERAMIC, TWO SURFACES	0	N/R
D6609	ONLAY-PORCELAIN/CERAMIC, THREE OR MORE SURFACES	0	N/R
D6610	ONLAY-CAST HIGH NOBLE METAL, TWO SURFACES	0	N/R
D6611	ONLAY-CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	0	N/R
D6612	ONLAY-CAST PREDOMINANTLY BASE METAL, TWO SURFACES	0	N/R
D6613	ONLAY-CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	0	N/R
D6614	ONLAY-CAST NOBLE METAL, TWO SURFACES	0	N/R
D6615	ONLAY-CAST NOBLE METAL, THREE OR MORE SURFACES	0	N/R

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FIXED PARTIAL DENTURE RETAINERS - CROWNS				
D6720	RESIN - HIGH NOBLE METAL	0		
D6721	RESIN - PREDOMINANTLY BASE METAL	0		
D6722	RESIN - NOBLE METAL	0		
D6740	CROWN PORCELAIN	0		
D6750	PORCELAIN FUSED TO HIGH NOBLE METAL	0		
D6751	PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	0		
D6752	PORCELAIN FUSED TO NOBLE METAL	0		
D6780	HIGH NOBLE METAL (3/4 CAST)	0		
D6781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	0		
D6782	CROWN - 3/4 CAST NOBLE METAL	0		
D6783	CROWN - 3/4 PORCELAIN/CERAMIC	0		
D6790	HIGH NOBLE METAL (FULL CAST)	0		
D6791	PREDOMINANTLY BASE METAL (FULL CAST)	0		
D6792	NOBLE METAL (FULL CAST)	0		
D6793	PROVISIONAL RETAINER CROWN	0	N/R	
OTHER FIXED PARTIAL DENTURE SERVICES				
D6920	CONNECTOR BAR	0		
D6930	RECEMENT FIXED PARTIAL DENTURE (BRIDGE) PER UNIT CEMENTED	32		
D6940	STRESS BREAKER	0		
D6950	PRECISION ATTACHMENT	0		
D6970	CAST POST AND CORE-IN ADDITION	0		
D6971	CAST POST AS PART OF BRIDGE RETAINER	0		
D6972	PREFABRICATED POST AND CORE-IN ADDITION	0		
D6973	CORE BUILD UP FOR RETAINER, INCLUDES PINS	0		
D6975	COPING METAL	0		
D6976	EACH ADDITIONAL CAST POST-SAME TOOTH	0		
D6977	EACH ADDITIONAL PREFABRICATED POST-SAME TOOTH	0		
D6980	FIXED PARTIAL DENTURE (FIXED BRIDGE) REPAIR BR	0		
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	0	N/R	
D6999	UNSPECIFIED FIXED PROSTHETIC PROCEDURE	BR	PA	
D7000-D7999 ORAL AND MAXILLOFACIAL SURGERY				
EXTRACTIONS				
NOTE:	PREAUTHORIZATION IS REQUIRED FOR MULTIPLE EXTRACTIONS IN HOSPITALS (OTHER THAN EMERGENCY CONDITIONS) AND FOR EXTRACTIONS REQUIRING REPLACEMENTS.			
D7111	CORONAL REMNANTS-DECIDUOUS TOOTH	27	N/R	
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (elevation and/or forceps removal)	42	N/R	
SURGICAL EXTRACTIONS				
D7210	SURGICAL REMOVAL ERUPTED TOOTH	0		
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	64		
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	90		
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY	100		
D7241	REMOVAL OF IMPACTED TOOTH, BONY, UNUSUAL	0		
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING)	52	(complete)	
OTHER SURGICAL PROCEDURES				
D7260	OROANTRAL FISTULA CLOSURE	125	BR	
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	55	N/R	
D7270	TOOTH REIMPLANTATION/STABILIZATION	64		
D7272	TOOTH TRANSPLANTATION	27		
D7280	SURGICAL EXPOSURE IMPACTED/UNERUPTED TOOTH (ORTHO REASONS-INCLUDES ATTACHMENTS)	BR		
D7281	SURGICAL EXPOSURE IMPACTED/UNERUPTED TOOTH	85		
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	BR	N/R	
D7285	BIOPSY ORAL TISSUE HARD INCL LAB REPORT	BR		
D7286	BIOPSY ORAL TISSUE SOFT INCL LAB REPORT	BR		
D7287	CYTOLOGY SAMPLE COLLECTION	39	N/R	
D7290	SURGICAL REPOSITIONING OF TEETH	BR		

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CODE	BRIEF DESCRIPTION	MAX FEE		
D7291	TRANSSEPTAL FIBEROTOMY	BR		
ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE FOR DENTURES				
D7310	ALVEOLOPLASTY WITH EXTRACTIONS-PER QUAD- NCSP	0		
D7320	ALVEOLOPLASTY NO EXTRACTIONS - PER QUAD	48		
VESTIBULOPLASTY				
D7350	RIDGE EXTENSION (INCLUDES GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MNGMT OF HYPER-TROPHIED/PLASTIC TISSUE	BR		
SURGICAL EXCISION OF SOFT TISSUE LESIONS				
D7410	RADICAL EXCISION LESION UP TO 1.25 CM	27 CPT		
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25cm	BR	N/R	
D7412	EXCISION OF BENIGN LESION, COMPLICATED	27 CPT	N/R	
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25cm	BR	N/R	
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25cm	BR	N/R	
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	BR	N/R	
D7465	DESTRUCTION LESION (s) PHYSICAL/CHEMICAL METHODS	BR		
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS				
D7440	EXCISE MALIGNANT TUMOR UP TO 1.25 CM	42 CPT		
D7441	EXCISION MALIGNANT TUMOR LES OVER 1.25 CM	BR		
D7450	REMOVE ODONTOGENIC CYST OR TUMOR-UP TO 1.25 CM.	58 CPT		
D7451	REMOVE ODONTOGENIC CYST OR TUMOR-OVER 1.25 CM	BR		
D7460	REMOVE NONODONTOGENIC CYST - UP TO 1.25 CM	27 CPT		
D7461	REMOVE NONODONTOGENIC CYST OR TUMOR-OVER 1.25 CM	BR		
EXCISION OF BONE TISSUE				
D7471	REMOVAL OF EXOSTOSIS- PER SITE	0		
D7472	REMOVAL OF TORUS PALATINUS	105	N/R	
D7473	REMOVAL OF TORUS MANDIBULARIS	105	N/R	
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	72	N/R	
D7490	RADICAL RESECTION OF MANDIBLE W/BONE GRAFT	BR		
SURGICAL INCISION				
D7510	INCISION AND DRAINAGE OF ABCESS - INTRAORAL	48		
D7520	INCISION AND DRAINAGE OF ABCESS - EXTRAORAL	68		
D7530	REMOVAL OF FOREIGN BODY	BR		
D7540	REMOVE REACTION-PRODUCING FOREIGN BODIES	BR		
D7550	SEQUESTRECTOMY FOR OSTEOMYELITIS	68		
D7560	MAXILLARY SINUSOTOMY-REMOVE FRAGMENT OR FOREIGN BODY	BR		
TREATMENT OF FRACTURES-SIMPLE				
D7610	MAXILLA - OPEN REDUCTION (IMMOBILIZED)	212 CPT		
D7620	MAXILLA - CLOSED REDUCTION	159 CPT		
D7630	MANDIBLE - OPEN REDUCTION (IMMOBILIZED)	212 CPT		
D7640	MANDIBLE - CLOSED REDUCTION (IMMOBILIZED)	159 CPT		
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	191 CPT		
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	114 CPT		
D7670	ALVEOLUS-STABILIZATION OF TEETH, OPEN REDUCTION SPLINTING	64 CPT		
D7671	ALVEOLUS- OPEN REDUCTION, may include stabilization of teeth	BR	N/R	
D7680	FACIAL BONES COMPLICATED REDUCTION	318 CPT		
TREATMENT OF FRACTURES-COMPOUND				
D7710	MAXILLA - OPEN REDUCTION WITH SURGICAL INCISION	286 CPT		
D7720	MAXILLA - CLOSED REDUCTION	172 CPT		
D7730	MANDIBLE - OPEN REDUCTION WITH SURGICAL INCISION	286 CPT		
D7740	MANDIBLE - CLOSED REDUCTION	172 CPT		
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION - INCISION	286 CPT		
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	172 CPT		
D7770	ALVEOLUS - STABILIZATION OF TEETH, OPEN REDUCTION, SPLINTING - REQUIRING SURGICAL INCISION	106 CPT		
D7771	ALVEOLUS - CLOSED REDUCTION, STABILIZATION OF TEETH	BR	N/R	
D7780	FACIAL BONES COMPLICATED REDUCTION	BR		

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REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS				
D7810	OPEN REDUCTION OF DISLOCATION - SURGICAL EXPOSURE	158 CPT		
D7820	CLOSED REDUCTION OF DISLOCATION	27 CPT		
D7830	MANIPULATION UNDER ANESTHESIA	32 CPT		
D7840	CONDYLECTOMY	180 CPT	PA	
D7850	SURGICAL DISECTOMY, WITH/WITHOUT IMPLANT	276 CPT	PA	
D7852	DISC REPAIR	BR	PA	
D7854	SYNOVECTOMY	BR	PA	
D7856	MYOTOMY	BR	PA	
D7858	JOINT RECONSTRUCTION	BR		
D7860	ARTHRORHENTESIS	179 CPT	PA	
D7870	ARTHRORHENTESIS	306 CPT	PA	
D7872	NON-ARTHROSCOPIC LYSIS AND LAVAGE - (inflow and outflow catheters are placed into the joint space. The joint is lavaged and manipulated as indicated in an effort to release minor adhesions and synovial vacuum phenomenon as well as to remove inflammation products from the joint space.)	17 CPT	PA	
D7872	ARTHROSCOPY: DIAGNOSIS WWITHOUT BIOPSY	0		
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	172 CPT	PA	
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZE.	143 CPT		
D7875	ARTHROSCOPY: SYNOVECTOMY	143 CPT		
D7876	ARTHROSCOPY: DISCECTOMY	143 CPT		
D7877	ARTHROSCOPY: DEBRIDEMENT	143 CPT		
D7880	OCCLUSAL ORTHOTIC DEVICE	BR		
D7899	UNSPECIFIED TMD THERAPY	BR		
REPAIR OF TRAUMATIC WOUNDS				
D7910	SUTURE RECENT SMALL WOUNDS UP TO 5 CM	16 CPT		
COMPLICATED SUTURING (RECONSTRUCTION REQUIRING DELICATE HANDLING OF TISSUES AND WIDE UNDERMINING FOR METICULOUS CLOSURE)				
D7911	COMPLICATED SUTURE UP TO 5 CM	27 CPT		
D7912	COMPLICATED SUTURE OVER 5 CM	BR		
OTHER REPAIR PROCEDURES				
D7920	SKIN GRAFTS (INCLUDE DEFECT, LOCATION & GRAFT TYPE)	BR		
D7940	OSTEOPLASTY (FOR ORTHOGNATHIC DEFORMITIES)	BR	PA	
D7941	OSTEOTOMY MANDIBULAR RAMI	BR	PA	
D7943	OSTEOTOMY RAMI WITH BONE GRAFT	BR	PA	
D7944	OSTEOTOMY SEGMENTED/SUBAPICAL-PER SEXTANT OR QUAD	BR	PA	
D7945	OSTEOTOMY BODY OF MANDIBLE	BR	PA	
D7946	LEFORT I-TOTAL MAXILLA ((OSTEOTOMY)	BR	PA	
D7947	LEFORT I-SEGMENTED MAXILLA (OSTEOTOMY)	BR	PA	
D7948	LEFORT II OR III, NO GRAFT (OSTEOPLASTY)	BR	PA	
D7949	LEFORT II OR III WITH GRAFT	BR	PA	
D7950	GRAFT OF MANDIBLE; FACIAL BONES	BR		
D7955	REPAIR MAXILLOFACIAL DEFECTS HARD AND SOFT TISSUE	BR	PA	
D7960	FRENULECTOMY-SEPARATE PROCEDURE (FRENECTOMY OR FRENOTOMY)	63		
D7970	EXCISION HYPERPLASTIC TISSUE PER ARCH	27		
D7971	EXCISION OF PERICORONAL GINGIVA	25		
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	42	N/R	
D7980	SIALOLITHOTOMY	18 CPT		
D7981	EXCISION SALIVARY GLAND	106 CPT		
D7982	SIALODOCHOPLASTY	133 CPT	PA	
D7983	CLOSURE OF SALIVARY FISTULA	48 CPT		
D7990	EMERGENCY TRACHEOTOMY	100 CPT		
D7991	CORONOIDECTOMY	302 CPT		
D7995	SYNTHETIC GRAFT MANDIBLE OR FACIAL BONES	BR		
D7996	IMPLANT - MANDIBLE FOR AUGMENTATION PURPOSES	BR		
D7997	APPLIANCE REMOVAL - (not by dentist who placed appliance), includes removal or archbar	0		
D7999	UNSPECIFIED ORAL SURGERY	BR		

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MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE

CODE	BRIEF DESCRIPTION	MAX FEE	
D8000-D8999 ORTHODONTICS			
LIMITED ORTHODONTIC TREATMENT			
D8010	ORTHODONTIC TREATMENT-PRIMARY DENTITION	0	
D8020	ORTHODONTIC TREATMENT	0	
D8030	ORTHODONTIC TREATMENT	0	
D8040	ORTHODONTIC TREATMENT - ADULTS	0	
INTERCEPTIVE ORTHODONTIC TREATMENT			
D8050	ORTHODONTIC TREATMENT INTERCEPTIVE - PRIMARY	0	
D8060	ORTHODONTIC TREATMENT INTERCEPTIVE	0	
COMPREHENSIVE ORTHODONTIC TREATMENT			
D8070	ORTHODONTIC TREATMENT - COMPREHENSIVE TRANSITIONAL	0	
D8080	ORTHODONTIC TREATMENT	0	
D8090	ORTHODONTIC TREATMENT	0	
MINOR TREATMENT TO CONTROL HARMFUL HABITS			
D8210	REMOVABLE APPLIANCE THERAPY	0	
D8220	FIXED APPLIANCE THERAPY	0	
COMPREHENSIVE (CRITERIA: Case must be considered severe, dysfunctional, handicapping with a score of at least 15 on an HLD scoresheet and in full permanent dentition. Criteria may be waived if cleft palate or other severe oral anomaly is present.)			
OTHER ORTHODONTIC SERVICES			
D8660	ORTHODONTIC PRE-TREATMENT RECORDS	150	PA
D8670	ORTHODONTIC TREATMENT-PERIODIC (MONTHLY FOR 24 MONTHS)	75	PA
D8680	ORTHODONTIC RETENTION (PLACEMENT OF APPLIANCES, REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))	1035	PA
D8690	ORTHODONTIC TREATMENT (NO CONTRACT)	0	
D8691	REPAIR OF ORTHODONTIC APPLIANCE - (does not include bracket and standard fixed ortho appliances. It does include functional appliances and palatal expanders.)	0	
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	0	
D8999	ORTHODONTIC UNSPECIFIED PROCEDURE	0	
D9000-D9999 ADJUNCTIVE GENERAL SERVICES			
UNCLASSIFIED TREATMENT			
D9110	PALLIATIVE (EMERGENCY) TREATMENT (BILL THIS OR THE ACTUAL PROCEDURE-NOT BOTH)	20	
ANESTHESIA			
D9210	LOCAL ANESTHESIA (NO OPER/SURG PROCEDURES)		NCSP
D9211	REGIONAL BLOCK ANESTHESIA		NCSP
D9212	TRIGEMINAL DIVISION BLOCK		NCSP
D9215	LOCAL ANESTHESIA		NCSP
D9220	GENERAL ANESTHESIA (FIRST 30 MINUTES)	76	
D9221	GENERAL ANESTHESIA (additional 15 min.)	36	
D9230	ANALGESIA	18	
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA- FIRST 30 MINUTES	44	N/R
D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA- EACH ADD'L 15 MINUTES	33	N/R
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	0	
PROFESSIONAL CONSULTATION			
D9310	CONSULTATION - PER SESSION (invoice requires a copy of the consultation report)	48	
PROFESSIONAL VISITS			
D9410	HOUSE CALLS	15	
D9420	HOSPITAL CALLS	15	NCSP
D9430	OFFICE VISIT (REGULAR HOURS)		NCSP
D9440	OFFICE VISIT (AFTER REGULAR HOURS)	0	
D9450	CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING	0	N/R

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DENTAL PROCEDURE CODES AND FEE SCHEDULE

CODE	BRIEF DESCRIPTION	MAX FEE		
DRUGS				
D9610	THERAPEUTIC DRUG INJECTION	BR		
D9630	OTHER DRUGS	1.00 BR		
MISCELLANEOUS SERVICES				
D9910	APPLY DESENSITIZING MEDICATION	10		
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH - (typically reported on a "per tooth" basis for application of adhesive resins. This code is not to used for bases, liners, or adhesives used under restorations.	0		
D9920	BEHAVIOR MANAGEMENT	0		
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) NON-ROUTINE	BR		
D9940	OCCLUSAL GUARD	BR		
D9941	FABRICATION OF ATHLETIC MOUTH GUARD	40		
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	0		
	OCCLUSAL ADJUSTMENT - LIMITED	33		
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	66		
D9970	ENAMEL MICROABRASION	0		
D9971	ODONTOPLASTY 1-2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS	0	N/R	
D9972	EXTERNAL BLEACHING-PER ARCH	0	N/R	
D9973	EXTERNAL BLEACHING-PER TOOTH	0	N/R	
D9974	INTERNAL BLEACHING-PER TOOTH	0		
D9999	UNSPECIFIED DENTAL TREATMENT	BR		

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